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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 271  
Registrar's No. 1322 E. Madison  
(St. & No. (or) Name of Institution)  
19 43

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 20 Years  
(If outside city limits also write RURAL) (Specify whether years, months or days)  
(d) Length of Stay: In Hospital or Institution 20 Years In Community 20 Years  
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. 1322 E. Madison (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME Susie Kemp (b) If Veteran No (c) Social Security No. 330

4. Sex <u>Female</u>	5. Color or Race <u>Black</u>	6. (a) Single, married, widowed <u>Widowed</u>
6. (b) Name of husband or wife		6. (c) Age of husband or wife, if alive <u>4</u> yrs.
7. Birthdate of deceased <u>Nov. 7, 1859</u> (Month) (Day) (Year)		
8. AGE: Years <u>84</u>	Months <u>1</u>	Days <u>4</u> If less than one day hrs. <u>4</u> min. <u>0</u>
9. Birthplace <u>Mo.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>At Home</u>		
11. Industry or Business		
Father	12. Name <u>Jonas Overall</u>	
	13. Birthplace <u>Mo.</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Unknown</u>	
	15. Birthplace <u>II</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Corrie Moss</u>		
(b) Address <u>1322 E. Madison</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Greenwood</u> (c) Date <u>Dec. 17, 1943</u>		
18. (a) Embalmer's Signature <u>Sam J. Foman</u>		
(b) Funeral Director <u>Eastlake Mortuary</u>		
(c) Address <u>1841 E. Jefferson</u>		
19. (a) <u>DEC 21 1943</u> (Date received local Registrar) <u>Loth H. Hargis</u> (Registrar's Signature)		
- 8-42 B. Co. County File No. Date Received		

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) Dec. 11, 1943  
TIME (Hour and minute) 11 P.

21. I hereby certify that I attended the deceased from Nov 26th to Dec 11th, 1943,  
that I last saw her alive on Dec 10th, 1943,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Flu  
Broncho-Pneumonia  
Due to 2 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) No  
(b) Date of occurrence  
(c) Where did injury occur? (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  
While at work (e) Means of injury

23. Signature Loth H. Hargis Date signed 12/21/43  
Address 15 E. Madison

**PHYSICIAN**  
Underline the cause to which death should be charged statistically